

Address by

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to the

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I am delighted to be here today to open this International Creche & Kindergarten

What are communities of practice?

To me, such communities engage in the caring and participation of staff, parents and children¹ to promote the wellbeing of the child, family and the community.

One way to enhance such communities of practice is to acknowledge the long-term effects of early childhood development on human development in general.

Van der Gaag's framework "From child development to human development"² appeals to me because it identifies the crucial role early childhood developmental pathways play in outcomes for education, health, social capital and equality.

These outcomes are the key components required for economic growth, which becomes a key determinant in human development at a state and national level.

This framework has already had an impact on services in a number of locations, including Queensland. Let me draw your attention to a couple of examples.

Child care and family support hubs

Child care and family support hubs are an initiative of the Department of Families designed to better coordinate services to children and families by grouping a number of complementary services together.

Hubs operate from a central location, as a local network or a central point of coordination, and focus on providing child care and early childhood services. They can also include family and parenting support, child health and education services.

There are currently 24 child care and family support hubs across this State.

They cover rural and remote areas, Indigenous services, private and community based services, neighbourhood centres with limited hours of care, a service focused on school aged care, and an In-Home Care service. (See Appendix A for a list of hubs).

Funding is provided to improve existing community infrastructure to support the operation of hubs and to help coordinate and integrate support services.

Queensland Health is also developing initiatives that could support and inform early childhood communities, with the most significant being the development of a child health policy.

Strategic Policy Framework for Children's and Young People's Health 2002-2007

Queensland Health's draft *Strategic Policy Framework for Children's and Young People's Health 2002 - 2007* is being developed as a guide for people working at all levels of the health care system.

It aims to improve health outcomes for children and young people.

The key concepts underpinning the initiative include:

- recognising the importance of the early years of life
- including antenatal influences for lifelong health and well-being
- developing a broad understanding of health, the determinants of health and increasing health inequalities

- focussing on reducing risk and enhancing protective factors and conditions during critical developmental stages and transitions
- placing an emphasis on promoting health, preventing illness and early intervention to maximise health outcomes
- developing a population approach in which the needs of at risk population groups and individuals are addressed within a universal framework, and
- developing an integrated model of care to progress a multidisciplinary and multisectoral continuum of care for children and young people in Queensland, especially those most at risk, and those with a disability or chronic illness.

Several innovative, evidence-based and outcome-focused prevention and early intervention programs have been introduced by Queensland Health in recent years which respond to the emerging needs of children and young people.

These include the Family CARE Program, which is an intensive home-visiting program for families with newborn babies at risk of poor health and social outcomes due to risk factors such as financial stress or a history of family violence.

Families at risk are identified during the ante-natal period and support is provided as early as possible.

The program has resulted in positive results in relation to maternal and infant physical health and well-being, immunisation status, SIDS risk behaviours, the quality of partner relationships and maternal-infant attachment.

Trials for the extra year of schooling

In March this year, the Premier announced the Government's plan for the *Preparing for School* trials, to begin in 50 schools in 2003.

The trials are planned to provide information about:

- the importance of extra preparation to improve "school readiness" and educational outcomes
- whether all, or only some, children need extra preparation
- where it should happen
- who should provide it?
- the age at which children should start school³

Implicit in these questions is the debate about school readiness.

As we know, children are born ready to learn. In the first few years, experiences develop children's brains in important ways for ongoing learning throughout their lives. The foundations for language are established and significant attitudes towards the world are developed.

In the early years, children are vulnerable to stress but amazingly receptive to positive learning opportunities.

Readiness for school is a seemingly simple concept - it should indicate a likelihood of school success — a synchronising of physical and cognitive development, maturity, and skill, allowing a child to fit into the expectations of schooling.

While readiness has many connotations, it generally indicates a likelihood of school success.

Much has been written about the concept of readiness⁴ and there are many interpretations of what it means, including the school being ready for the child, as well as the child being ready for school.

Nevertheless, it remains a highly problematic concept.

Meisels⁵ ideas about readiness encapsulate the complexity of life in the early twenty first century:

Readiness must be conceptualised as a broad construct that incorporates all aspects of a child's life that contribute directly to that child's ability to learn.

Definitions of readiness must take into account the environment, context, and conditions under which the child acquires new skills and is encouraged to learn.

Assessment of readiness must, in consequence, incorporate data collected over time from the child, teacher, parents and community. (pp. 62-63)

So Miesels' understanding of readiness is a "process that occurs over time and is not complete by the first day"⁶.

However, this is not necessarily the understanding in practice - even for bears, as demonstrated in the following observation from the children's series, *Edward the Unready*.

Edward's teacher said, "not everyone is ready for the same things at the same time."

"Well, we'll just take him home until he is ready," said Edward's mother and father⁷.

Research by Dockett⁸ has investigated children's transition to school in New South Wales over a number of years.

Teachers⁹ identified issues around children's **adjustment** as most important, that is, that children display characteristics of organisational adjustment.

This means they "*demonstrate their ability to adjust to the school context by fit[ting] into the group, listening and taking turns, sitting still and making their needs known*"¹⁰.

In relation to skills, teachers had expectations that children be able to "*toilet themselves independently, dress themselves and care for their own things*"¹¹.

While the Dockett study is instructive, we need to remember the South Wales system differs considerably to Queensland's.

However, what is worthy of note, is that this study also interviewed children, and asked them to discuss what they thought about when starting school. They said they needed to know the school rules, and said they wanted to know about them before they started school.

I hope some of these initiatives inspire you to move outside your work arena and become actively involved in the wider community of interest in early childhood development.

This conference has four aspirations.

I have focussed on the last one – “to consider the use of early childhood education and care (or to use my substitute phrase “early childhood development”) in communities and society in general.”

I would also like to comment briefly on the third - “For early childhood practitioners to reflect and respond to theory and research in ways that influence day to day practices in positive ways”.

I feel duty bound to comment on this aspiration as one of my staff, Emma Ogilvie, is presenting a relevant paper at this conference tomorrow!

In line with my earlier emphasis on investing in child development rather than child care and early childhood education, I strongly advocate the recent summary findings of Love et al¹².

Their meta-analysis of mostly American childcare, early education and family daycare research, can provide a basis for furthering your professional and industrial agendas.

They conclude that the existing research demonstrates that five types of investment are most important for enhancing children’s early development:

1. Well trained staff who are motivated and committed to work with children
2. Facilities that are safe, sanitary and accessible to parents
3. Ratios and group sizes that allow staff to interact appropriately with children
4. Supervision that maintains consistency
5. Staff development that ensures continuing and improving quality

I want to highlight just two areas I believe have not been adequately incorporated into the Australia context.

Qualifications of staff

Women currently constitute 98% of early child care workers¹³ in low paid, high stress positions.

The OECD report referred to earlier observes that child care work typifies the “poorly paid nature of work performed predominantly by women, and its undervaluing is linked to the fact that it is a female dominated occupation”¹⁴.

This is a serious equity issue for women, and a quality issue for the clients of child care - children. We must all take action to improve the status of those who work with young children, to ensure children’s have high quality experiences.

This is particularly important if we recognise that much of children's culture, relationships and individual identities are constructed within the child care setting.

It seems timely to advocate for all early childhood staff to be three or four year trained, and I'm pleased to acknowledge the announcement in Queensland last week of Australia's first childcare apprenticeship - The Diploma of Community Services (Children's Services).

The legislation currently fails to differentiate between qualified and unqualified people. I believe this threatens to jeopardise both the status of staff and the standard of care for our children.

It also flies in the face of the OECD recommendation for young children to benefit from "child care programs [that] promote the emotional, intellectual, social and physical development of the child" as it does not ensure fully qualified staff for young children, especially those under 3 years of age"¹⁵.

Ultimately, to leave things unchanged ignores the findings of research that clearly demonstrates that the "early years are critical in developing optimal life long health and learning success"¹⁶.

Consistency of care

The positive relationship between child care quality and virtually every facet of children's development is one of the most consistent findings in developmental science¹⁷.

One aspect I would like to particularly mention is the importance of early relationships with caregivers and their influence on infant brain development and child mental health¹⁸.

Attachment theorists have claimed for many years that having at least one attentive, consistent caregiver in the first years of life has a strong impact on the social and emotional functioning of a person across their lifespan.

These observations have been strengthened by more recent cross-discipline collaboration between neuro-physiological and neuro-developmental scientists and advances in technology, such as PET Scans, functional Magnetic Resonance Imaging (fMRI) and even simple stress testing.

There is now overwhelming evidence which suggests that, the early years of life are critical for brain functions associated with 'mental health' including attachment, affect modulation, anxiety regulation, and behavioral impulsivity¹⁹.

Many, if not all, are associated with the quality and consistency of care a child receives in their early years.

I would like to acknowledge here that the care a child receives in the home is critically important, and that quality early childhood education should **complement** the care the child receives at home.

However, too frequently, it is required to be compensatory.

Cumulative 'risk factors' such as parental stresses, socio-economic disadvantage, family instability and lack of social support increase young children's vulnerability to developmental problems²⁰.

The consequence is that the quality of care provided outside the home needs to be of the highest quality possible.

Yet, despite understanding that the human brain thrives best in a nurturing social environment, characterised by consistency and predictability which enables a child to explore and play safely²¹, it is not that unusual for a child, by the age of three, to have had 12 or more carers.

This is compounded by the insecurity of never knowing when one a carer might change or which one it will be. This should be of concern to us all.

Conclusion

Now is a crucial time for early childhood development. Social, economic and demographic factors, such as changed working patterns, have led to a significant increase in demand for early childhood services, especially full day services.

Raising young families today is more challenging, yet often less well supported. So we need an understanding of early childhood institutions as sites for social, economic, cultural, political, aesthetic and ethical interactions.

International conferences like this can create an understanding of early childhood institutions as 'children's spaces', refocus our vision when looking at early childhood institutions and develop ways to expand community practices around childhood learning and development.

They can initiate linkages between EC services, parenting programs, schools, health services, local government, ESL providers and social services, to meet children's developmental needs holistically.

Best community practice draws on multiple and integrated services that concentrate their energies on empowering children and parents to promote the learning and development of each child.

It is a fearsome responsibility to acknowledge that;

Our children's lives are lived through childhoods constructed for them by adult understandings of childhood and what children are and should be²².

Today, more than at any other time in our social history, our lives and ways of being are being blurred. We blur time, place, and increasingly, function²³.

Blurred families, blurred days where children are shifted among people and settings, mean we need to consider what must be retained about early childhood education and care . . . what makes us unique and what must be altered to make room for new social constructions.

This is the challenge I place before you in opening this conference.

- ¹ Stockholm Conference Report, Policy challenges for early childhood education and care provision across OECD countries. p. 2
- ² Van der Gaag, J. & Tan, J. P. 1998, *The benefits of early child development programs: An economic analysis*. Washington, D.Dc.: World Bank, Human Development Network.
- ³ The State of Queensland, 2002, p. 3.
- ⁴ Dockett, S. (2002) Who's ready for what? Young children starting school. *Contemporary Issues in Early Childhood* (in press); Graue, M. E. (1993) *Ready for what? Constructing meanings of readiness for Kindergarten*. Albany: State University of New York Press; Kagan, S. L. (1999) Cracking the readiness mystique. *Young Children*, 54 (5), 2-3; Meisels, S. J. (1996) Performance in context: Assessing children's achievement at the outset of school. In J. A. Sameroff & M. M. Haith (Eds.), *The five to seven year shift: The age of reason and responsibility* (pp. 410-431). Chicago: University of Chicago Press; Meisels, S. J. (1999) Assessing readiness. In R. C. Pianta & M. J. Cox (Eds.), *The transition to kindergarten* (pp. 39-66). Baltimore, MD: Paul Brookes; Shephard, L. A. (1997) Children not ready to learn? The invalidity of school readiness testing. *Psychology in the Schools*, 34 (2), 85-97.
- ⁵ Meisels, S. J. (1999) Assessing readiness. In R. C. Pianta & M. J. Cox (Eds.), *The transition to kindergarten* (pp. 39-66). Baltimore, MD: Paul Brookes.
- ⁶ Meisels, S. J. (1999) Assessing readiness. In R. C. Pianta & M. J. Cox (Eds.), *The transition to kindergarten* (pp. 39-66). Baltimore, MD: Paul Brookes, p. 62
- ⁷ Wells, R. (1995) *Edward unready for school*, New York : Dial Books for Young Readers.
- ⁸ Dockett, S. (2002) Who's ready for what? Young children starting school. *Contemporary Issues in Early Childhood*, in press.
- ⁹ (n=279, 169 from schools, 42 from teachers in prior to school settings, and 6 others)
- ¹⁰ Dockett, S. (2002) Who's ready for what? Young children starting school. *Contemporary Issues in Early Childhood*, (in press), p. 8
- ¹¹ Dockett, S. (2002) Who's ready for what? Young children starting school. *Contemporary Issues in Early Childhood*. (in press), p. 9
- ¹² Love, J.M et al (2002) Investing in Effective Childcare and Education: Lessons from Research (pp145-193) In M.E Young (Ed), *From early Child Development to Human development: iNvesting in our Children's Future*, World Bank, Washington
- ¹³ get ref
- ¹⁴ OECD, p.45
- ¹⁵ (OECD ref).
- ¹⁶ Draft Child Care Industry Plan for Queensland. (2001). p.11
- ¹⁷ National Academy of Sciences. (2000) *From neurons to neighbourhoods: The science of early childhood development*, p.313. *Voices for childcare*.
<http://www.childcarecanada.org/voices/voices.html>
- ¹⁸ Schore, A. (1998) *The relevance of recent research on the infant brain to clinical psychiatry*. The Association of Psychiatrists in Training Bi-national Website's Psychotherapy's Articles Page. <http://members.ozemail.com.au/~auspsych/infant-devel.html>, accessed 18.06.02.
- ¹⁹ Perry, B.D. *Neurodevelopment and the neurophysiology of trauma I: Conceptual considerations for clinical work with maltreated children*. APSAC Advisor, 6:1,1-18, 1993.
- ²⁰ Department of Family and Community Services (2000) *A review of the early childhood literature*, The Centre for Community and Child Health, background paper for the National Families Strategy, February, p. 10
- ²¹ Schore, A. (1998). *The relevance of recent research on the infant brain to clinical psychiatry*. The Association of Psychiatrists in Training Bi-national Website's Psychotherapy's Articles Page. <http://members.ozemail.com.au/~auspsych/infant-devel.html>, accessed 18.06.02.
- ²² Mayall, B. (1996). *Children, Health and Social Order*, Buckingham: Open University Press. p. 1.
- ²³ Kagan, J. (2001) *Starting strong: Conundrums and opportunities of the OECD report*, Sharon L. Kagan, Ed. D. Teachers College, Columbia University Yale University, June, 2001 p. 2